

## APPLICATION DATA SHEET

### Application Information

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?::

Computer Readable Form (CRF)?:: No

Number of Copies of CRF::

Title:: A METHOD OF DEPOSITING A WEAR  
RESISTANT SEAL COATING AND SEAL  
SYSTEM

Attorney Docket Number:: 033275-426

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 1

Small Entity?: No

Latin Name:

Variety Denomination Name:

Petition Included?: No

Petition Type:

Licensed US Govt. Agency:

Contract or Grant Numbers:

Secrecy Order in Parent Appl.?: No

### **Applicant Information**

Applicant Authority Type: Inventor

Primary Citizenship Country: US

Status: Full Capacity

Given Name: Abdus

Middle Name: Suttar

Family Name: KHAN

Name Suffix:

City of Residence: Ennetbaden

State or Province of Residence:

Country of Residence: Switzerland

Street of Mailing Address: Limmatauweg 2

City of Mailing Address: Ennetbaden

State or Province of Mailing Address::

Country of Mailing Address:: Switzerland

Postal or Zip Code of Mailing Address:: CH-5408

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Great Britain

Status:: Full Capacity

Given Name:: Ian

Middle Name:: William

Family Name:: BOSTON

Name Suffix::

City of Residence:: Ennetbaden

State or Province of Residence::

Country of Residence:: Switzerland

Street of Mailing Address:: Limmatauweg 4

City of Mailing Address:: Ennetbaden

State or Province of Mailing Address::

Country of Mailing Address:: Switzerland

Postal or Zip Code of Mailing Address:: CH-5408

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Great Britain

Status:: Full Capacity

Given Name:: James

Middle Name:: Alexander  
Family Name:: HEARLEY  
Name Suffix::  
City of Residence:: Brugg-Lauffohr  
State or Province of Residence::  
Country of Residence:: Switzerland  
Street of Mailing Address:: Hohlgasse 1  
City of Mailing Address:: Brugg-Lauffohr  
State or Province of Mailing Address::  
Country of Mailing Address:: Switzerland  
Postal or Zip Code of Mailing Address:: CH-5200

### **Correspondence Information**

Correspondence Customer Number:: 21839  
Phone Number:: (703) 836-6620  
Fax Number: (703) 836-2021

### **Representative Information**

Representative Customer Number:: 21839

## Domestic Priority Information

Application::                      Continuity Type::                      Parent Application::      Parent Filing  
Date::

## Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
Europe	03100733.9	03/21/03	Yes

## Assignee Information

Assignee Name::                      ALSTOM Technology Ltd

Street of Mailing Address::                      Brown Boveri Strasse 7

City of Mailing Address::                      Baden

State or Province of Mailing Address::

Country of Mailing Address::                      Switzerland

Postal or Zip Code of Mailing  
Address::                      CH-5400